

PLACE OF DEATH

County Butler
 Township Lucas Beuff.
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 89
 Primary Registration District No. 3737

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

File No. 7642
 Registered No. 87

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Sam. Y. Mitchell.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male.</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widower</u>
DATE OF BIRTH <u>Mar. 30th 1914</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer.</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Hopkin Co Ky.</u>		
PARENTS	NAME OF FATHER <u>Sam. Mitchell</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't Know</u>	
	MAIDEN NAME OF MOTHER <u>Don't Know.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't Know</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joe Mitchell
 (ADDRESS) Quincy, Mo.

Filed Mar 30 1914 H. A. R. R. R.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30, 1914
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 10, 1914, to March 30, 1914, that I last saw him alive on March 26, 1914, and that death occurred, on the date stated above, at 5³⁰ a.m.

The CAUSE OF DEATH* was as follows:
Memoria - Chronic Nephritis
131
192B

Contributory
 (Secondary) _____ (Duration) 5 yrs. _____ mos. _____ ds.

(Signed) Victor Cadwell M. D.

March 30 1914 (Address) Pope's Bluff, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Webb Cemetery DATE OF BURIAL Mar. 31, 1914

UNDERTAKER none ADDRESS _____

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
DESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Butter
Township Gillis Bluff
or
Village
or
City

Registration District No. 92
Primary Registration District No. 5137

File No. 8
Registered No. 8

[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]

FULL NAME

Sam Y. Mitchell

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W. SINGLE Widowed
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH

Mar. 30, 1849
(Month) (Day) (Year)

AGE

65 yrs. — mos. — ds.
If LESS than
1 day, — hrs.
or — min.

OCCUPATION

(a) Trade, profession, or
particular kind of work

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

BIRTHPLACE

(City or town,
State or foreign country)

Hopkins Co. Ky.

NAME OF
FATHER

Sam Mitchell

BIRTHPLACE
OF FATHER
(City or town, State or foreign country)

Don't Know

MAIDEN NAME
OF MOTHER

Don't Know

BIRTHPLACE
OF MOTHER
(City or town, State or foreign country)

Don't Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Joe Mitchell

(ADDRESS)

Luling Mo.

Filed

191

4/25 Wm. G. Gentry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Mar. 30, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
10, 1914, to 3-30, 1914
that I last saw him alive on 3-26, 1914,

and that death occurred, on the date stated above, at 5:30 am.

The CAUSE OF DEATH* was as follows:

Uremia - Chronic Nephritis

Contributory
(Second, etc.)

(Duration) 5 yrs. — mos. — ds.

(Signed)

Victor Cadwell M. D.
3-30, 1914 (Address) Poplar Bluff

*State the Disease Causing Death, or, in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted
if not at place of death?

Former or
usual residence

PLACE OF BURIAL OR REMOVAL

Webb Cem.

DATE OF BURIAL

3-31, 1914

UNDERTAKER

None

ADDRESS

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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